

Foster Family Home - Corrective Action Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-8

3 Puualoha Place

Reviewer: Terri Van Houten

Kahului

HI

96732

Begin Date: 6/14/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 7/14/2021.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

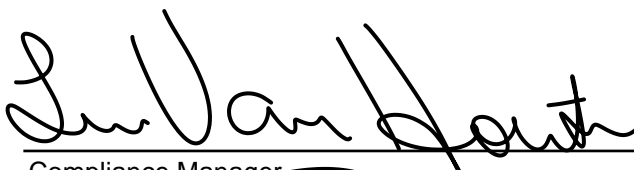
(3P)(b)(6) Fire - CG#2 has not conducted a fire drill within the last 12 months.


Foster Family Home	Records	[11-800-54]
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54.(c)(5) Medication schedule checklist;

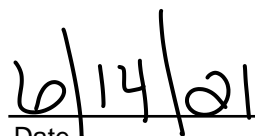
Comment:

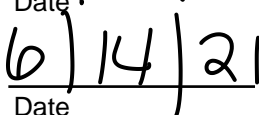
54.(c)(5) - Client #2 had one medication discrepancy noted between order and prescription bottle.



Compliance Manager


Primary Care Giver



Date


Date

Terri Van Houten RN

CTA RN Compliance Manager: _____

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: XZOR JAY DAGUIO
(PLEASE PRINT)

CCFFH Address: 3 PUUALOHA PL. KAHULUI HI 96732
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(3P)(b) (6)	[REDACTED] CG) Came today to do the fire drill. [REDACTED]	7/15/21	Make a reminder that all my SCG will participate in the fire drill.
54.(C) (5)	I went to the Pharmacy and talked about the prescription on client #2 [REDACTED] e-mail client #2 PCP and ask for a updated prescription.	7/5/21	Always double check the prescription list and MAR.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 7/15/21

☒ CTA has reviewed all corrected items